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## CASE OF PUNCTURE OF THE INTESTINE IN PARACENTESIS AFTER A PREVIOUS OPERATION.

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[Communicated for the Boston Medical and Surgical Journal.]

JOHN FEENY, aged 39, native of Ireland, had always enjoyed good health until the spring of 1855. While working on the railroad near Panama, at that time, he indulged very freely in the use of ardent spirits and soon began to suffer from a gradual accumulation of fluid in the abdominal cavity, accompanied by symptoms of general prostration, though *not* accompanied, nor preceded, by pain in the region of the liver, nor by vomiting of blood.

The distension of the abdomen at length became so great that he was tapped in the month of May, and a very large quantity of fluid was withdrawn. He very soon recovered from the operation, and there seems to have been no signs of peritonitis following it. Some time afterwards, he was attacked with the fever of the country, and was sent to this city in July.

When admitted to the hospital, about the middle of August, his abdomen was considerably distended, quite dull on percussion, and there was evident fluctuation. He was suffering from dyspnoea and some general anasarca, with debility, the result of his extremely anæmic condition. Repeated examinations failed to detect any albumen in his urine or microscopical evidence of Bright's disease. The dyspnoea from the accumulating fluid became so great that the operation of paracentesis was suggested by the visiting physician, and was performed on the 25th of August. The trocar was introduced about midway between the umbilicus and the symphysis pubis, and two inches to the left of the median line, in order to avoid any adhesions around the former puncture. No fluid followed, but a viscid, yellowish substance, having the color and consistence of fecal matter, but without its odor. A portion of this matter was submitted to a microscopical examination, and found to be made up of the *sarcina ventriculi* and amorphous and fatty matter. The wound was closed, and the patient put upon large doses of opium.

His general symptoms remained the same as previous to the ope-

ration, but there was considerable tenderness in the region of the puncture. The wound, however, was perfectly healed in five or six days, but some tenderness remained. This was almost entirely relieved by use of emp. hydrargyri cum ammoniaco, the abdomen at the same time becoming softer and less tense. For the last three weeks of his life, the patient had an obstinate diarrhœa, and for some days a large effusion in the left pleural cavity, which, with the diarrhœa, caused his death on the 30th of September, five weeks after the operation.

*Autopsy*, 27 hours after death.—*Body* pale; some emaciation of the upper portion, and considerable œdema of the lower.

*Abdomen*.—Signs of universal peritonitis, but not recent. The intestines were all agglutinated together and glued to the walls of the abdomen. In little pits between their convolutions, the ordinary ascitic serum was found to the amount of one and a half pints. No trace of fecal matter in the cavity. A perfectly healed scar of the intestine, corresponding to the puncture of the abdomen, was found, but around it there were no signs of recent inflammation.

The *kidneys* were somewhat enlarged—the pyramidal portion yellow, specked with white; the cortical portion smooth, mottled externally with red and yellow.

*Microscopical examination*.—Cortical substance very friable—tubes much broken down in the preparation of the specimen. Renal epithelium coarsely granular and fatty. The pyramidal portion, though less friable, exhibited essentially the same elements.

*Liver* small; mottled; of a dark color; edges rounded; surface slightly nodulated. Section exhibited the peculiar appearance of advanced cirrhosis.

*Spleen* large; weighed 1½ pounds.

*Thorax*.—Lungs healthy, excepting somewhat œdematous. The left pleural cavity was filled with serous fluid, of which the right also contained a considerable quantity.

The foregoing case seems to me interesting and instructive in several particulars. It is proof that a chronic adhesive peritonitis does sometimes follow the operation of *paracentesis abdominis* without giving any signs of its existence; and it would appear, that, in general, the danger is much increased in the operation after the *first*. In this case, also, the dulness seems to have been given by the little accumulations of fluid in the "little pits" mentioned. Moreover, these little collections of serum gave to the hand, on percussion, the *precise sensation* of fluctuation. This is a capital case to show that the abdominal cavity *may be sealed up*, as has been proposed to do, for the radical cure of abdominal dropsy, by the introduction of a lead wire. But, at the same time, the case shows that wherever there is a *decided tendency* to dropsy, such "sealing up" would be in vain, for the accumulation of fluid would take place in some other serous sac, as the pleura, and life could not long be saved.

Kalamazoo, Mich., Oct. 25th, 1856.

## CONTINUATION OF DR. GAY'S SURGICAL CASES.—(With a Plate.)

[Communicated for the Boston Med. and Surg. Journal.]

## CASE II.—CYSTIC TUMOR OF THE FORE-ARM.

JOHN W. R.—, aged 23 years, a farmer, was admitted into the Hospital, Oct. 23d, 1855, for a tumor at the bend of the left elbow. He states that eight years since, he had an attack of erysipelas, and after recovering from it noticed, for the first time, a little "kernel" about the size of a common hickory nut, in the bend of the left elbow or very little below it. It was entirely painless, and of the same color as the surrounding skin. He had no notion what it was, nor did he perceive any increase of size in it till about one year ago last August, when he strained his arm while unloading some hay. Within a week after this, the whole arm swelled, from the bend of the elbow to the hand, especially on its anterior surface. It pained him a good deal for a day or two, and then, without any suppuration, the redness, swelling, heat and pain all subsided. Immediately upon their entire subsidence, the "kernel," which had been lost sight of in the general swelling, re-appeared, and he seems quite certain that it was of its present size. Nothing more than a painful uneasiness has at any period been felt in it. Three months since, it was shown to his family physician, who seemed, upon an examination, to fear an aneurism. The patient looked robust and healthy.

The measurement now around the most prominent portion of the tumor, including the arm, is  $13\frac{1}{4}$  inches; around the other arm, at the same place,  $10\frac{1}{2}$  inches. The skin over the tumor is perfectly natural in color, soft, and freely movable in every direction. The tumor itself was pretty movable in mass, laterally, but the attachments of its under surface allowed it to be raised up but very slightly. It was elastic, very firm to the feel, without any general pulsation (the ulnar artery passed over it) or any perceptible fluctuation from liquid. Its outline was perfectly uniform, and there was nothing whatever of a lobulated feel, but a density and elasticity that induced the suspicion that the growth was fibro-plastic. There was an artery pulsating over the ulnar aspect of the tumor. The tendinous expansion from the biceps muscle was found to spread over the inner portion of the tumor, and on tying a handkerchief around the upper arm, the superficial veins were seen passing over the growth, as represented in Plate III. The internal cutaneous nerve was felt just outside of the vein.

*Operation.*—The patient being fully etherized, a broad band was passed around the arm above the elbow, and drawn tight enough to distend the superficial veins running over the tumor, so that they might be avoided in the incision, which commenced just below the bend of the elbow and was prolonged downwards four inches in the median line. This incision divided only the skin. The larger veins being now prominent and fully exposed, the superficial fascia was cut through to an equal extent, and, with the veins, kept on

each side by flattened spatulas. The band around the arm was loosened after the veins were thus protected. From the very free and almost rolling motion of the mass, it was anticipated that it would be enucleated without much difficulty. But upon making a free incision through the deep fascia, the muscular and cellular tissue was found to be so consolidated and indurated, that a careful and slow dissection was necessary to remove the inflammatory adhesions and deposit from the proper investment of tumor. After it was exposed as fully as circumstances would permit, a passing examination gave no reason to change the diagnosis, for it felt hard, rough, elastic, too firm and regular for a fatty growth, but not too much so for a fibro-plastic. Being liberated on its anterior and lateral faces, nothing remained but to remove the attachments along the under surface. These seemed to be firmly incorporated with the surrounding structures, muscle and bone, and great difficulty was experienced in the dissection. No regular layer could be found, all was rough and consolidated, and while removing portions of its fibrous investment, by chipping instead of free and long incisions, a small quantity of thin, yellowish, semi-opaque fluid was seen to issue from a minute point, and on further examination a probe was introduced through it to the extent of two inches. A free incision was then made through the thick, tough walls of the cyst, and about two ounces of the above-described fluid escaped. When the fluid was all removed, a small scale-like piece of bone, flat and rough along its edges, one and a half inches long, and one third of an inch wide, was found in the deepest part of the cyst, wholly detached and free. There was no indication where this piece of bone came from, nor could any denuded bone be touched. The cyst here was very adherent to the ulna, and could not be entirely dissected off. Its walls throughout were firm, hard, three quarters of an inch thick, and on its inner surface were what proved to be two or three shining beds of cholesterine. The greater portion of the cyst was then removed, and a sponge was deeply inserted in the cavity, to keep apart the edges of the wound. During the operation it was necessary to ligature some veins and some small arteries. Compress in cold water with a bandage loosely applied.

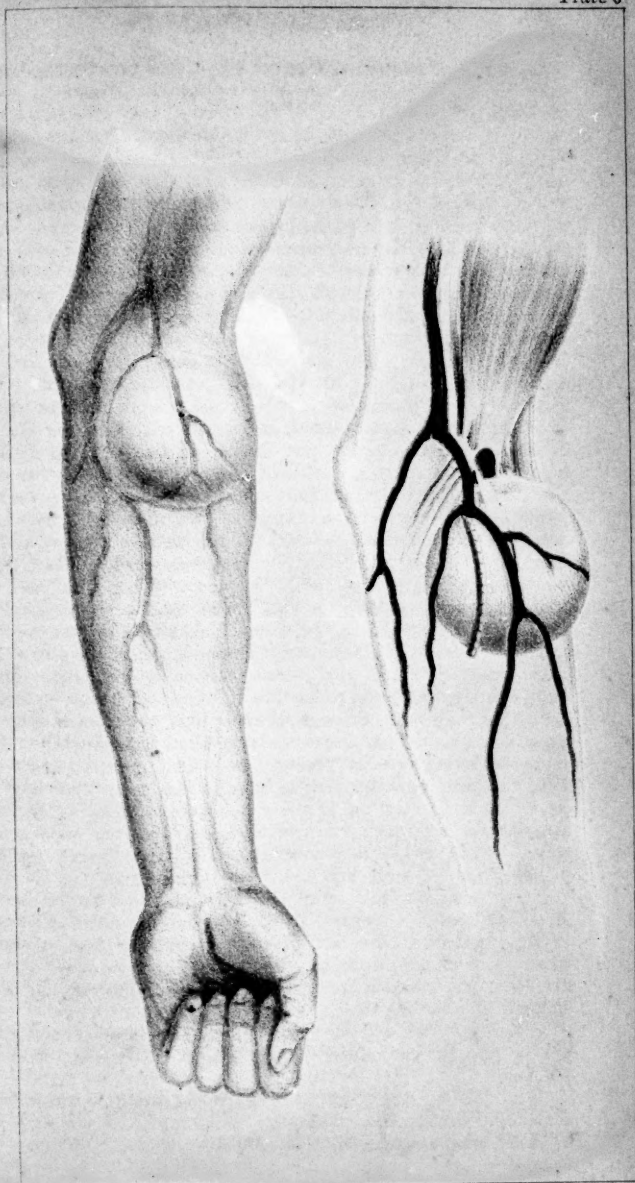
The following is the analysis of the fluid contents by Dr. Bacon.

"This is serous fluid, straw-colored, turbid and somewhat viscid. Reaction neutral. Density 1.024. It contains a small deposit of crystals of cholesterine, and globules resembling those of pus, and probably identical with them. These substances are diffused through the fluid and occasion its turbidness. The fluid contains a large amount of albumen."

Oct. 26th.—Wound discharges freely. Sponge came away, together with the remainder of cyst's wall. No pain. Very slight redness.

Nov. 9th.—Doing well. Wound contracting gradually, and cicatrizing firmly along its edges.

20th.—Discharged well.



J. H. Ballard Lith.



## CASE III.—ENCEPHALOID DISEASE OF THE THIGH.

Mr. James White A—, aged 23, states that he has suffered more or less pain in the right thigh near the groin, ever since he commenced life as a sailor at the age of 13. At 19, while on the night watch, remembers that he could not sit comfortably, that he became quickly fatigued, and on account of uneasy sensations frequently stretched himself and laid down. Came home here three years ago last September, arriving just after a severe struggle with the captain. In February, 1853, he went to Australia as passenger, and entered into business which required no manual labor. At this time the pain was quite severe. In a short period, he went to the mines, suffered many hardships, all of which seemed to aggravate the pain. A little over a year ago he went to Calcutta, and at first acted as clerk there, but was soon obliged to put himself under a physician, as the pain was so great that he could not walk. The existence of any swelling was first observed just previous to his departure for Calcutta. From that time the swelling and pain increased, till he reached home, December 8th, 1855. The pain has been very intense and acute, keeping him awake nights, and rendering necessary a constant resort to strong opiates. His expression was that he was always in torture, so sharp and distending was the pain. On the 12th of December, 1855, when I saw him for the first time, he was in a thin, emaciated condition, with a look as if he had undergone great suffering. He said, "if you will only relieve me of pain, so that I can get some sleep, I shall do well enough, for in the intervals, when I am free from pain, I feel as well and as strong as at any period of my life." His appetite was very good, his digestive powers but slightly affected, and his bowels were more regular than would have been expected after the large quantity of opiates that had been taken. His pulse was sufficiently strong, being momentarily increased during the paroxysms of pain. His spirits were cheerful and hopeful, as at Calcutta his attending surgeon had pronounced it a collection of matter which it would be imprudent to meddle with during the hot season, and advised a return home. He came home for an operation.

On examining his right thigh, it was found to be much enlarged at its upper and inner part, commencing at Poupart's ligament and extending downwards six inches or more. There was no discoloration of the skin nor prominences, nor any unnatural heat. To the touch, the limit of the swelling could be pretty well defined, though not ending abruptly. The femoral artery and vein passed over its outer aspect; the superficial veins were not distended or tortuous. Pressure of the hand and fingers during the examination, was not at the time painful nor productive of any ill result. As the swelling occupied more than one half of the thigh, the four fingers of each hand were alternately applied in order to ascertain its consistency and nature. It was pretty thoroughly made out to be smooth, regular, and not lobulated nor bosselated, yielding, neither hard nor

soft, but intermediate between the two ; of such a consistency as to perplex, at each manipulation, the feeling whether it was a soft solid or liquid. The muscles were not in a state of tension, though the mass was evidently beneath the adductors and deep seated. There was no mobility in any direction. A slight pressure gave the idea of the elastic, almost spongy, feel of encephaloid, whereas a hard, deep pressure pretty evidently indicated fluctuation from a liquid. In this dilemma it was almost impossible to declare, with certainty, what it was, solid or liquid. If solid, its history, its growth, the pain, though not distinctive, and elasticity, would lead prominently to the opinion of encephaloid ; if liquid, the question would arise as to its nature, whether pus, blood or serum. As to blood or serum, there was nothing in the history or progress of the disease that would seem to indicate that it was either. As to pus, to be sure this region is frequently the seat of purulent deposit, proceeding from some affection about the hip-joint, ilium or vertebræ ; but the antecedent history, symptoms and a careful examination of the parts, excluded any osseous trouble. In case of any sudden inflammatory action with a secretion of pus, some external manifestation of it would have been early apparent.

As the excessive pain was depriving him of comfort, strength and health, he begged for an operation of some kind to relieve him. After expressing to him the doubts and difficulties in the way of the diagnosis, a consultation was held with Dr. Lewis, and an exploratory operation was recommended. Accordingly, on the 19th of December, a small trocar and canula was plunged into the spot where fluctuation seemed to be the most evident. On withdrawing the trocar, there was a free discharge of a thin, transparent, orange-colored fluid. When it had ceased running, a probe was introduced through the canula nearly its whole extent, and passed easily in every direction around a cavity which must have been at least four inches in diameter. Nothing came away but this liquid, which was found to be serum and albumen. The general swelling subsided considerably, so that the skin fell in wrinkles. From this anticipating a favorable result, it was proposed to continue the exploration by cutting down upon it, and proceeding as circumstances would warrant. The patient wished to defer it a day or two. The pain was much diminished. On the 21st of December, an incision was carried through the point punctured, on the inside over the adductors. The muscles were found thin and expanded, and on separating and dividing them, a suspicious tissue was revealed, which, on further examination, proved to be unmistakable encephaloid, about an inch in thickness, with the large aforesaid central cavity. Of course all further proceedings were abandoned.

In a few days the patient sensibly failed, the debris of encephaloid tissue were discharged in lumps from the wound, and on the 29th of December he died.

## CASE IV.—VENOUS ERECTILE TUMOR OF THE FORE-ARM.

Victorine F—, aged 25, a member of the ballet corps of the Ravel Troupe, consulted me in June, 1855, for a swelling on the right fore-arm, just below the bend of the elbow. As to its history, she thinks that it originated some two or three years ago, after long-continued efforts in her daily exercises. A snap or tearing was felt at the time, which occasioned some soreness and swelling. The soreness soon subsided, but the swelling never entirely disappeared. Nothing particular was at that time thought of it. After a while, as she was of an attenuated figure and her arm was small and thin, her attention was constantly drawn to the swelling, which had somewhat increased and produced quite an observable deformity. Becoming alarmed, she consulted a medical friend, but nothing decided was told her till a little over a year ago, when, being in Paris, she got the opinion of three or four of the most eminent surgeons. At that time the swelling was very nearly its present size. The change was so gradual, that no appreciable alteration could be detected except after long intervals. There was a perfect concurrence of opinion as to the nature of the tumor, and various remedies and external applications were recommended. Singular enough, no mention was made of an operation. The prescriptions of the different surgeons were shown to me, and the name given to the tumor by all of them was lipoma, fatty tumor. She did not think there had been any increase of growth for the last six months.

On examination, a small, movable, painless mass, about the size of an English walnut, was found just below the bend of the right elbow, in the depression between the pronator radii teres and supinator longus muscles. Such a free, rolling motion could be given to it in every direction, that it really appeared without any attachment. It was of a soft, elastic, yielding, slippery feel. The skin over and around it was entirely natural. No hesitation was made in pronouncing it a fatty tumor and nothing else. A day before the operation, the remark was made that it was sometimes larger than at present, particularly after any violent and long-continued exercise. Hearing this, measures were immediately used to detect, if possible, any change in its size by pressure on the brachial artery, on the veins at the bend of the elbow, and on the swelling itself. But no alteration could in any way be found, nor was there any indication, from the symptoms that were present, that any of the bloodvessels were involved. Accordingly, my diagnosis coincided with that of the Paris surgeons, and I represented to her that an operation for its removal would be perfectly simple and safe. Previous to the operation, the patient consulted another surgeon, who immediately said that it was a fatty tumor, and if left to itself would probably grow to the size of a child's head. An operation was instantly advised. On the morning of the operation, two other surgeons examined it, and said there was not the least doubt but that it was fat.

*Operation by excision.*—An incision about three inches long was made through the skin and superficial fascia over the swelling, when some bluish, knobby, irregular masses were seen, which immediately indicated a varicose and tortuous condition of the veins. The movable, rolling mass was composed of clusters of distended veins, which were supplied by some deep-seated branches. Pressure was made upon it, but no diminution was perceptible. In the course of the dissection, some veins required ligatures, and it was then seen that the knobby prominences were mostly filled with a semi-liquid coagulum, which of course prevented any emptying of the vessels. Between, and connecting these veins, was some fat, which gave to the whole the feel of a smooth, regular swelling. At their base was found nothing but cavernous or erectile tissue, which bled freely on being cut into. The incision was then carried beyond this tissue in every direction, the whole mass removed, and ligatures were applied to the deep communicating branches. The wound was then brought together, and cold water dressings and easy compression were applied. No accident occurred afterwards, and in about ten days there was entire cicatrization.

Here an error of diagnosis was made by all the surgeons. All pronounced it a fatty tumor, and so unhesitatingly that no mention was made of anything else. No one saw or felt any symptom that indicated a vascular trouble. The soft, rolling, elastic, compressible feel gave an immediate impression of a fatty tumor. It has been noticed above, that when the varicose, knobby veins were fully exposed in the course of the operation, no diminution in size was perceptible on pressure, the cause of which was readily traceable to the semi-liquid coagula and fat. There was an intermingling of the so-called erectile or cavernous tissue, semi-liquid coagula and fat, which, under the circumstances, were sufficient to mislead the nicest discrimination. There was not liquid enough to give a fluctuating character to the swelling, but the peculiar, elastic softness appeared to justify the opinion of its fatty nature. The lateral and rolling motion seemed altogether too extensive for a subcutaneous venous erectile growth.

The peculiar spongy feel of erectile tissue is more closely allied to the feel of fatty growths than of fluctuation, or perhaps more truly it is an intermediate step between liquid fluctuation and soft elasticity. A case is rendered still more obscure if the erectile mass is of any extent, and in a person with the adipose element pretty well developed and interspersed with it. It will then be almost impossible to decide which tissue predominates, or which it is, if the cutaneous veins do not render the one suspicious. In some nice cases we cannot discriminate between spongy, yielding, liquid fluctuation and true soft elasticity. Instances of erectile tissue with a clearly lobular character are indeed rare, and there are instances of fatty tumors of considerable size, of a flattened elongated form, destitute of lobules and bordered with merely a fringed edge. The

mistake of one for the other may be easy. We have seen tumors of erectile tissue taken for fatty tumors, where the skin was perfectly natural in color and feel, and *vice versa* as in the above case.

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### HOMŒOPATHY.

[Communicated for the Boston Medical and Surgical Journal.]

QUACKERY is a word unsightly and ill-sounding, and so would be any other used to express the same idea. It relates to the making of false and extravagant pretensions concerning medical affairs. Whether or not this name belongs to homœopathy, some have doubted; not so the homœopaths themselves. Their writings confess it their own. Their periodicals are filled with complaints of having been treated as quacks for more than fifty years by the magistrates of nearly every European nation where they have appeared. The laws against quackery are there made on the principle that the holding out of false and delusive hopes of cure, and so swindling the credulous out of their property and doing other injury, is a crime to be punished. By the operation of these laws, they have in some places never been able to gain a foothold, in other places they have been exterminated, and everywhere more or less disgraced. The following is from the *Quarterly Homœopathic Journal*, printed in Boston, April, 1850, pp. 244 and 245. "Bavarian physicians are not allowed to settle anywhere but by permission of the government. The American homœopathic practitioner has hardly any conception to what innumerable annoyances his German and European brethren are exposed. The privilege to practise in any Bavarian town is granted only to favorites, and that these are hardly ever [never?] homœopaths may easily be conceived." The following is seen in the *Philadelphia Journal of Homœopathy*, June, 1854, p. 148. "Homœopathy is not yet exempt from persecution. In Germany the flame of persecution still burns, and in liberal and free England the spirit of intolerance is actively essaying to put [keep] it out of the pale of respected things."

The *British Journal of Homœopathy*, printed at London, July, 1855, p. 453, complains that there was no homœopathist with the English army in the Crimea, and gives the answer of Lord Panmure to a request to put one of the hospitals under the care of homœopathists. As the physicians had just lost 20,000 patients, it was urged that they should have a trial. Lord Panmure's answer shows that, much as medical aid was needed, the government could never think of applying to them, because their pretensions were false. He expressed himself, however, in courtly terms, as he was not desirous of losing a vote by unnecessary harshness.

In Naples an editor published a puff on homœopathy, in which he stated that the king favored the system. For that statement he was arrested; and as he refused to make known his authority [which was perhaps about equal to that for some other puffs], he

was put into prison among criminals, by one of whom he was nearly assassinated. These facts are detailed in the last-named journal for January, 1854, p. 170. It seems that the statement that the king could believe a story like homœopathy was regarded as a libel.

The *North American Homœopathic Journal*, published at New York, May, 1853, p. 272, thus quotes the *Zeits. für Homœop. Klin.* "The relations of the State to homœopathy, a subject which fortunately gives but little trouble in America, seem to have remained the same in Europe. The position of the old school is as hostile as ever, and gives promise of remaining so." That is, in its relations to the State, by which they here mean every European government, homœopathy stands now as quackery, the same as it always has stood, and it has promise of remaining so. They give up the hope of ever being viewed in any other light. Every real improvement has always been almost universally adopted by the physicians of all civilized countries as soon as made known. It is for the interest of every one to do so, and it can be done quietly and privately; for which reasons no medical sect ever did or ever can exist, yet many counterfeits there have been, each trusted by a few and soon ceasing to be current among that few. No one but an impostor ever tried to get up a medical sect. The homœopathists for once speak correctly of regular physicians when they say that "every new article or modification of means already known is seized upon by them with avidity, and practically adopted." See *Philadelphia Journal of Homœopathy*, February, 1855, p. 688. If what is alleged concerning infinitesimals were true, it would have been by far the greatest improvement ever made in medicine; and it would have been easier for any to adopt it, than to continue to practise in any other way. Though the only part of the system ever regarded as of much account by any, it is repudiated by the most notorious among the homœopathists.

"The whole question of doses is left open to the discretion of the physician, who may be as strictly a homœopathist as Hahnemann himself, though he should give his medicines in the ordinary form, simply if he select them according to their homœopathic fitness." See *British Journal of Homœopathy*, October, 1851, p. 623. "We acknowledge every practitioner a homœopath who holds fast to the fundamental principle of homœopathy, no matter what his views are in relation to doses, &c." See *Quarterly Homœopathic Journal*, July, 1850, p. 471. The same Journal for January, 1849, p. 125, quoting a German publication on this system, says that in croup, tartar emetic should be given at the rate of "one grain of the first trituration every half hour." They sometimes dilute their medicines by mixing, in the first place, one grain with nine grains of some inert substance, and sometimes one grain with ninety-nine grains. So the above dose may signify either one tenth or one hundredth of a grain. For several centuries physicians have considered the smaller as sufficient for mild cases of croup, and the

larger as abundant for almost any possible case. The same journal for April, 1850, p. 241, contains a lecture of a homœopathic professor, in which he recommends his pupils to use the same preparation of this medicine in croup. The *British Journal of Homœopathy*, October, 1854, p. 675, approves of giving "the first trituration of mercury," a preparation sufficiently concentrated to cause salivation speedily.

The *Philadelphia Journal of Homœopathy* for December, 1852, p. 413, re-publishes an article by a surgeon of an English homœopathic hospital, so called. He advocates large doses. He says, "in acute diseases we find a healthy system struggling to free itself; in this struggle it is our duty to give assistance. This, assuredly, can alone be done by the lower [the more concentrated] attenuations; for if not, why in cholera give a concentrated solution of camphor? Dare you, when the system is prostrated, trust to the high attenuations; would you not place more reliance on the lower, or at times on the mother tincture?" [the strongest tincture that can be made]. He gives his treatment of a case of scarlet fever as follows: "I had been giving arsenic of the third and sixth dilutions, but finding that I made no progress, I resolved to give it much lower, and the first centesimal dilution was prescribed. The next day, fearing an aggravation I stopped the medicine, but soon ordered it to be continued."

The *British Journal of Homœopathy*, July, 1855, p. 441, tells of a coroner's inquest, where death was supposed to have been caused by twenty grains of ergot, which a homœopathist confessed that he had given. The editor argues that the above dose was the proper one, not only in that case, but in all similar diseases. The same journal for October, 1852, p. 676, gives the following extract from Hahnemann. "In cases of sudden disease, threatening speedy death, no medicine can be admitted, which promises help only after the lapse of some time, by its secondary or homœopathic action; but, according to common sense, antipathic medicines only can be given, which in large and frequently-augmented doses, change the morbid state into the desired opposite." That is, in severe fevers, croup, cholera, and a host of diseases where the physician is most needed, homœopathy is altogether inadmissible. Through several pages onward, this journal advocates the use of bleeding, and of the common doses of purgatives, emetics, diuretics, and all other ordinary remedies. It says, p. 686, that "homœopathy is applicable only to curable diseases;" and that "in organic diseases it can have no place."

The same journal for July, 1856, p. 502, gives the proceedings of "The Annual Homœopathic Congress of the British Dominions." From the magniloquence of this title the body may perhaps be supposed a reputable one, at least for its numbers; but though their practitioners are all urged to attend, there are seldom thirty collected. Other kinds of quackery might there assemble in larger numbers. This year several of the members spoke as follows. One

said that in acute diseases large doses should be given, ten grains of quinine in some cases ; and that he had lately prescribed that quantity for one of the members present. That member confirmed the statement, and said his life would have been the forfeit if he had depended on infinitesimals. Another said that in many cases one grain of opium should be given and soon repeated ; another member who saw the case, expressed the same opinion. Another said he had been in the habit of giving as much medicine as he believed his patients needed ; and that he had lately given two grains of gallic acid, and saved the life of a person in a case where any small dose would have been useless. Another said that such treatment was not homœopathic, though admissible where infinitesimals will not succeed.

Such statements have often appeared, for more than thirty years, inconsistently mixed up, on the same pages, with assertions that infinitesimals are in all cases amply sufficient. So the leading men write ; and the same men write other books which the rank and file are anxious to circulate. These are designed to lead the public to trust in all cases in the infinitesimals, the things which they themselves seem, from their known practice, to use only to suit the fancy, and consider fit for no other purpose. Hurtful and even destructive doses of many of the most active drugs may easily be concealed in homœopathic disguises ; among such are arsenic, a powerful tonic, and white lead, a soothing sedative. The latter, applied to several kinds of ulcers, quickly checks the fiery redness, and blunts the pain and soreness ; given internally its effects are similar. It soothes the irritation caused by a cold ; and relieves the pain and uneasiness of a variety of diseases. In quantities much larger than usual, it gives no immediate trouble. Used with arsenic, the one gives vigor ; and the other, ease. They may be continued several years with good acceptance ; but at length a collapse ensues, either of the whole person or of some part. Other drugs may be used in the same secret way, with effects no less pleasing, and equally hurtful.

Children, that have received the globules for every slight complaint, often show traces of poison imbibed. In some the injury is less obvious than in others ; but a certain unhealthful complexion, a peculiar feebleness, or other symptoms, too often indicate the operation of no trifling quantities. The last-named journal for April, 1855, p. 334, gives an account of a coroner's inquest on a child, which died with the usual symptoms of excessive mercurial salivation. The editors published it, not from any desire of making it known, but, as in other similar cases, in order to represent a bad matter in a light least hurtful to themselves. They say that the attending homœopathist acknowledged that he had given mercury, and that it was testified that some of the globules left by him having been analyzed, they were found to contain the corrosive sublimate of mercury in doses which any physician would regard as large. They also say that the homœopathist left three powders, which were

taken at the onset of the disease. That these contained each five or ten grains or more of calomel, there is reason to believe from the soreness of the mouth and other symptoms which speedily appeared.

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

AUGUST 25th.—*Ovum containing Twin Fœtuses; Bifurcation of the Umbilical Cord.* Dr. JACKSON showed the specimen, which was from a patient of Dr. ALLEY. She was 44 years of age and mother of seven children. Two years ago last April, she was seized with a severe attack of flooding, which continued more or less for ten weeks, when it ceased, and she began to improve under the use of tonics and good diet. Since the attack, her menses recurred at irregular intervals. On the 2nd of October, 1855, they appeared and did not recur again for four months. In the meantime the breasts became swollen, and she had a craving appetite and concluded that she was pregnant. In the course of seven weeks these symptoms disappeared, and in February last she began to menstruate, scantily and of a dark color. On the night of the 1st of May, she began to flow, but it ceased in a measure, during the next day. The next night she was seized with vomiting and purging, and towards morning the ovum came away entire, enclosing the specimen as here exhibited.

The ovum was found to be diseased, and the fœtuses about as large as at the tenth or eleventh week. There was but a single umbilical cord, which bifurcated as it approached the fœtuses. The specimen is in the College Cabinet.

SEPT. 8th.—*Advantages of Chloroform as an Anæsthetic.* Dr. TOWNSEND read the following letter from a distinguished English Surgeon, in reply to an inquiry, made by him, why chloroform was still used in England in preference to ether.

"Dr. Townsend inquires why we employ chloroform rather than ether in this country. I believe that it is for much the same reason that people travel by an express rather than a slow train; they reach their destination more quickly and pleasantly, though at a slightly increased risk.

"Chloroform acts much more quickly than ether; a teaspoonful will produce as much effect when inhaled as half a pint of ether, and when a surgeon has several operations to perform in succession, time is of much moment to him and his assistants, and, in Hospitals, to the spectators.

"Chloroform is a much more pleasant agent than ether, it is more agreeable to the taste, and leaves no disagreeable odor behind. It also produces less excitement during inhalation. These advantages, as you will observe, are entirely on the side of convenience. On that of safety, I believe that ether will bear the palm. But yet chloroform has, I think, had more to answer for than it really deserves. It does not follow that every patient that dies under chloroform dies *from* chloroform. Patients used not infrequently to die "under the knife" or "on the table," as it was technically termed; in other words, during an operation, in the days when no anæsthetics were used. These deaths arose from shock to the system, from severity of pain sometimes, and others from a peculiar *physical* impression that is produced

in the system by a severe mutilation. The deaths from pain now never occur, as operations are painless; but the employment of anæsthetics, whether ether or chloroform, does not always appear to save the patient from the shock that results from the depressing effect on the heart, that a severe operation will produce, independently of any pain resulting from it. All deaths of this kind are now classed together as deaths from chloroform, if the patient has been under the influence of that vapor, when in reality they would have occurred independently of it. At the same time it is impossible to blind myself to the fact that there is danger attending the use of chloroform, which is inherent and inseparable from its administration; that it is a potent agent which should never be given but by those who are in the constant practice of using it, and that when by them given, great watchfulness and caution are required. When a patient is *fully* under the influence of chloroform, he is *on the verge of death*, and the least want of attention on the part of the administrator may extinguish life. I have never known death result from chloroform when due care has been used. In the only case that has fallen under my own observation, the administrator was inexperienced, and therefore probably too rash."

In answer to Dr. BETHUNE, who asked how many cases of death under the knife he had known, Dr. Townsend stated that he remembered but one case, previous to the introduction of ether.

Dr. PUTNAM asked if any instance of death had occurred from the inhalation of sulphuric ether, to which Dr. T. replied that no such case had been reported.

Dr. Bethune thought it singular that English and Scotch physicians should still persist in the use of chloroform.

Dr. BLACKIE, of Edinburgh, who was present by invitation, remarked that this agent is there now used oftener than ever before, there being but one fatal case from its use recorded in that city. He further stated that but *five* fatal cases had been recorded in Scotland, in two of which death was satisfactorily shown to have been due to other causes, and in the remaining three no definite conclusion was arrived at as to the true cause of death. The accidents in England from its use, he remarked, had not been infrequent, a fact which had been attributed to the impurity of the chloroform there used.

Dr. Townsend remarked that it was in favor of sulphuric ether that no caution was required in its administration, and that the patient was never "on the verge of death."

### Bibliographical Notices.

*Transactions of the Illinois State Medical Society for the year 1856.* Pp. 92. Chicago. 1856.

No surer test of the rapid advance of the most favored of the more Western States in population and influence, could be afforded, than is furnished by a glance at the condition of medical science in that State, as shown by the transactions of its Medical Society, which has just met for the sixth time since its formation. This Society, it appears, numbers about fifty active members, who assemble each year in one of the principal towns of the State, for the purpose of medical improvement and social intercourse. The pamphlet before us contains, in addition to the business doings of the Society, an ex-

cellent report from the Committee on Practical Medicine, by Dr. Thompson, a report on Orthopædic Surgery, and the Annual Address by the president of the Society, Dr. Davis.

The report of Dr. Thompson is clear and able, containing much useful information in reference to the diseases which have been most prevalent during the past year. Diseases of a periodic nature, as we should expect, come first in order. This class of diseases, it seems, "have been more extensively prevalent during 1855 than at any previous period;" in Clark County showing itself on the *barrens*, which have before been exempt from its ravages. In the treatment of these diseases, Dr. Thompson mentions the sulphate of cinchona as possessing "many if not equal advantages with the quinine," not producing the unpleasant cerebral sensations peculiar to the latter remedy, and being cheaper and more easily obtained.

Appended to the remarks on periodic fevers is a carefully-prepared table, containing 356 cases of periodic disease, by which it appears that the notion entertained by some systematic writers, that the paroxysm of quotidian is early in the morning, is not infallible. They also show that these fevers do not always assume a graver form as the season advances, as has by many been supposed; the severest cases having occurred in September and October, while in the later months "the diseases were simple intermittents, and soon dismissed."

Dr. T. prefers large doses of quinine (from six to nine grains combined with morphine), stating that it produces less excitement than when given in smaller doses at short intervals.

The other diseases alluded to in the report are typhoid fever, pneumonia, the exanthemata (more particularly variola, which of late seems to have prevailed to an unusual extent there, as elsewhere), milk-sickness and cholera.

We pass over the able report on Orthopædic Surgery by Dr. Prince, to the Annual Address by the president of the Society, Dr. Davis, which is mainly taken up with the treatment of phthisis by alcoholic liquids. Dr. Davis is inclined to doubt the opinion which has of late obtained, that whiskey punch is a specific in this formidable disease, and adduces much evidence and brings much good sense to bear upon this important question. Whatever be the present apparent success of this mode of treatment, it certainly must require a large experience to test the merits of a method which seems at variance with the deductions of the most careful and varied experimental physiological researches.

Dr. D. concludes by entreating the members of the Society "to adopt more rigorous and careful modes of investigation, at least to avoid giving currency to those loose general statements which can only deceive the sick, and sometimes give encouragement to habits which may plunge thousands of the well into irretrievable ruin."

We cannot take leave of this subject without the expression of a hope that some of the State Societies nearer home will copy the example of our brethren of Illinois, and render their annual meeting one of profit as well as of festivity. This noble State, extending as it does from the parallel of Boston to that of Norfolk, affords a rich field for the observing and well-educated physician, and with its present corps of medical officers must ultimately yield fruits which may be of inestimable benefit to the race.

F. E. O.

*A Guide to the Diseases of the Eye, and their Treatment.* By Dr. A. F. VON MOSCHZISKE. Pp. 174. 12mo. Baltimore: Cushings & Bailey, Boston: Ticknor & Co.

THIS small volume, which claims to be little more than a compilation, bears evidence of its author's good intention; but in our judgment is little adapted "for the use of students and young practitioners." Its limited size does not admit of proper descriptions of the various diseases, and the treatment advised consists too much in an enumeration of a large number of remedies, many of them needlessly active, without sufficient directions to aid the novice in his selection.

We think there are many objections to the publication of works which claim to be "manuals" of diseases where the diagnosis is so difficult, and the results so important, as in affections of the eye, by those of limited experience. Our advice to the student would be, not to be satisfied with a hand-book knowledge of these important diseases, but by embracing every opportunity for clinical instruction, and by the aid of a work like that of Dr. Mackenzie, to endeavor to make himself acquainted with this class of affections; for though they offer great facilities for study, it is not to be denied that the members of the profession are too often ignorant in regard to them.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 20, 1856.

### INFLUENCE OF CONSANGUINITY ON THE OFFSPRING.

In a late number, we made a few comments upon an article in the *Westminster Review*, and chiefly with reference to its positions relatively to the hereditary transmission of insanity. With the same views in mind that led us to advise against the contraction of marriages where such a taint has a chance, even, for extension to offspring, we come to the consideration of a subject of scarcely less importance.

It is an axiom that "what everybody says must be true." Without fully adopting this, it must be confessed that a large amount of truth pervades most of the strongly-rooted popular notions and prejudices. Just as those who are termed "weather-wise," really acquire a surprising acumen in foretelling fair or foul weather, by constant observation of atmospheric signs, so men, by a continual process of inferences from certain data, gradually accumulate valuable evidence in favor of other processes; and it is well known that many, if not most, of their conclusions stand the test of every day's trial.

It has been very truly remarked that those who are occupied in the breeding of domestic animals, show a very keen insight into the workings of Nature; and that, were the same care and wisdom exercised in the pairing of human beings, the race would be vastly improved. There is no doubt of this, not only because "everybody says so," but on scientific grounds. We are not about to recommend the application of this excellent brute-management to the world at large, because to advise an impossibility would be ridiculous, however great advantages might arise from certain of its provisions. There is a formidable obstacle to such a course—and one to be rejoiced at—namely, that although man, whether "in honor" or not, is too often "like the brutes that perish," yet his immortal nature and tender af-

fections cannot be brought, like the neck of the ox, under the yoke. It is doubtless quite true that Love laughs at laws as well as at locksmiths, and is not at all fond of going to school. We are not, however, partizans of the "Free-Love" doctrines largely advocated by certain insane people in our days, who should, one and all, emigrate to Utah; and, moreover, we do believe in allowing sound judgment and that very uncommon compound, common sense, to have more weight than they do in that important transaction, marriage.

Only one question will occupy us at this time, and for that we have not a tithe of the space that, in our estimation, its importance demands: it is, is marriage between nearly-related individuals wise? Is it not, rather, in the great majority of instances accompanied or followed by physical or mental evils which merit the attention of the community? And not only a passing attention. Very possibly the occurrence of these evils will be admitted, but, in the multiplicity of reasons why union within the bands of consanguinity should often take place, ulterior results are either lost sight of or voluntarily put away. If only a portion of the ills of this life can be prevented, he deserves abundant thanks who subtracts from the list even one ailment or misery.

It will be found to be a somewhat current opinion that marriage between near relatives is, at least, inadvisable; not infrequently we have heard it denounced by those uninstructed in its psychological bearings, but impressed by facts which have come to their knowledge. There are those, also, who, whilst they cannot deny the untoward occurrences observed, are not inclined, like certain politicians, to "let the union slide," but further its consolidation, either positively, or by "a masterly inactivity."

We candidly believe that few would willingly help on the consummation of a matrimonial alliance if they knew that the least, even, of the evil results we have alluded to would happen. But, it may be said, they cannot absolutely *know* that this will be so: true—are they willing to run the risk? As in most grave questions, so in this, the test-appeal, after all, is to *self*; suppose the parties are our own kith and kin, and our opinion or advice is asked as to their union, they being nearly related—perhaps the son and daughter of brothers or of sisters? What is likely to be the verdict? The very least we should expect would be a strong hesitancy as to the sanction, in view of the possible, too often the certain, consequences. If the responsibility of friends is thus great in these cases, what is that of the physician? It is not a question of possibility of prevention, nor of expediency—the marriages may or may not take place, they may or may not be unfortunate in the way we have suggested; the point to which we would bring the matter is simply this, should the medical man be indifferent, and smilingly say, O! let them marry, &c. &c.; or should he at once lend the weight of his knowledge and influence against the step? The answer seems to us evident, and yet there is a supineness upon the subject which is truly marvellous. Blind impulse is allowed to guide in the matter, even in the face of an array of facts which should startle calm, sedate parents, even if it be powerless with headstrong and love-sick boys and girls.

It may be uncommon, or only a coincidence, but all the instances within our own cognizance, of marriage between blood relations, have been signalized by unfortunate results for the children; and in this experience we are joined by many. It is true the number of cases known to us, personally, is comparatively very small, when the whole number of such marriages is considered. Others, too, have mentioned to us instances where nothing

untoward has followed. All this may be and continue, but the risk is still in existence, and it is our opinion that freedom from ill results in the marriages of near relatives, is the exception and not the rule. We need only to refer to undoubted sources for facts. An extended observation has enabled medical men to trace many serious affections and morbid processes, affecting both parents and children, very directly to consanguine marriage. Amongst other authorities, Dr. Rilliet, of Geneva, has very lately given us a *resumé* of the important results at which he has arrived, while prosecuting researches upon this interesting subject. At some future time he purposes publishing a full account of his investigations. We transcribe the summary given by him in *L'Union Médicale* of May 24th, 1856, whence it is quoted into the *British and Foreign Medico-Chirurgical Review*, for October, 1856.

"The lowering of the vital power, as a result of marriage between near relatives, is manifested by results varying in frequency, form and degree. The following is an enumeration of them in their logical order, though not in that of their relative frequency. 1. Absence of conception. 2. Delay of conception. 3. Imperfect conception (abortions). 4. Incomplete products of conception (monstrosities). 5. Children with imperfect physical and moral constitution. 6. Children especially liable to diseases of the nervous system, in the following order of frequency—epilepsy, imbecility or idiocy, deaf-dumbness, paralysis, various cerebral disorders. 7. Children predisposed to diseases connected with the scrofulo-tubercular diathesis. 8. Children which die at an early age in larger proportion than those born under other conditions. 9. Children which, if they live beyond early infancy, are less able than others to resist disease and death. The health of the family of the married persons, and of these individuals themselves, exercises a certain influence on the degree and kind of depression of the vital force in their children. It is probable that all the deviations from the laws just laid down are due to the health of the predecessors, as well as to the dynamic conditions in which the relatives are at the time of sexual intercourse. Thus it is incontestable—1. That all the children in a family may escape the effect of consanguinity, but this is rare. 2. That in one family some may be attacked, while others escape. 3. That the form of disease varies in those who are attacked. Thus they are not *all* epileptic, deaf and dumb, paralytic, or scrofulous; but they are variously influenced. For example, there may be observed, in one family, an epileptic, an imbecile, a child only physically and morally retarded, and another who will succumb rapidly to a disease which any other child would have resisted. In another family, there will be two idiots or imbeciles, and two healthy children. In a third, there will be one child with congenital paralysis, and several only scrofulous, &c. If certain families appear to entirely escape the action of consanguinity, it is to be feared that the direful effects will be manifested in succeeding generations, ending in the annihilation of the family."

Nothing which we could add, from any source, could be more positive and conclusive than the above statements. The writer goes on to refer to the laws of olden time for the prevention of marriage amongst relations. The Hebrew, Greek and Roman enactments are referred to. We can only say that, to our mind, the Mosaic restriction upon such marriages up to the third degree of relationship, aside from the divine wisdom which dictated it, showed, in its results, happy effects on the nation. There are other Jewish observances worthy of adoption in respect to their hygienic influence. Two

may be mentioned; viz., circumcision as a preventive of syphilitic infection, and the avoidance of pork and shell-fish as articles of diet. This, by the way. In the hope that the subject we have cursorily referred to may enlist the attention of the profession and the community, as being one of both individual and national importance, we commend them to Dr. Rilliet's volume, whenever it shall appear, and await it, with great interest, ourselves.

*Amputation of both Legs.*—We have received the following account from Dr. Swett, of Exeter, N. H., relative to his case of amputation after injury on a railway, and which was alluded to in the Journal of Nov. 6th.

"On the 17th of October last, Jerry Knight, a brakeman on the Boston and Maine Railroad, attempted to get on the cars whilst in motion, and fell in such a position that several heavily loaded cars passed over both feet and legs, crushing them, so that many portions of the tibia and fibula projected through the integuments. The accident took place at Durham, and he was placed on the floor of a baggage car and carried to Newmarket. At 2 o'clock, I was sent for to go and operate. I found him, at 4 o'clock, with very feeble pulse, having lost a good deal of blood, as no attempt had been made to arrest it. I immediately administered ether, and amputated the left leg (by the circular operation) as he lay on the middle of the bed, his pulse fluttering and becoming so feeble that it could not be counted. I ordered brandy and other stimulants every half hour, until the following morning, securing the right leg in a fracture box, to overcome as much as possible the spasmodic action of the muscles, which occasioned great suffering. At 9 o'clock on the following morning, I found that the pulse had improved, enough to be distinctly felt at the wrist, and as the only alternative I concluded to operate—amputating in the same place as in the left leg, about three inches below the knee—by the flap operation, administering only about half an ounce of ether. The patient lost but eight or ten ounces of blood during the operation, rallied considerably within half an hour, and has continued to improve ever since."

*Health of Boston.*—Scarlet fever still continues with about the same mortality as heretofore. We notice 4 deaths from croup. The corresponding week of 1855 was unusually healthy, 50 deaths only having been reported, of which 6 were from consumption and 2 from croup.

*Communications.*—Health of Factory Operatives.—A Fund for the Poor Doctor.—On the Physician's Visiting List.

*Books and Pamphlets Received.*—Oesterreichische Zeitschrift für Practische Heilkunde, II. Jahrgang, Quartal (in exchange).

MARRIED,—In this city, 10th inst., George Hayward, M.D., to Mrs. Mary Ann Binney.

DIED,—At Williamstown, Glengary, Canada, John George Bethune, M.D., 32.—In Switzerland, by a fall from the rocks whilst attempting to ascend Mount Pilate alone, and in the night, M. Henry Schedel, well known as the joint author with M. Cazenave of an excellent work on Diseases of the Skin.

*Deaths in Boston* for the week ending Saturday noon, Nov. 15th, 79. Males, 41—females, 38. Anemia, 1—accident, 1—apoplexy, 1—inflammation of the brain, 1—cancer in the breast, 1—consumption, 19—convulsions, 1—cholera infantum, 2—croup, 4—dysentery, 1—diarrhoea, 3—dropsy, 3—dropsy in the head, 1—drowned, 1—infantile diseases, 3—puerperal, 1—erysipelas, 2—typhoid fever, 2—scarlet fever, 6—disease of the heart, 2—haemorrhage of the lungs, 1—intemperance, 2—inflammation of the lungs, 3—disease of the liver, 1—marasmus, 1—old age, 3—pleurisy, 3—teething, 3—unknown, 6.

Under 5 years, 29—between 5 and 20 years, 6—between 20 and 40 years, 21—between 40 and 60 years, 18—above 60 years, 5. Born in the United States, 46—Ireland, 18—Germany, 5—other foreign places, 10.

**Poisoning from swallowing Chloroform.**—The *Philadelphia Medical Examiner* contains an interesting case of death following the ingestion of about one ounce and a half of chloroform, diluted with about the same quantity of water. The patient was an intemperate woman, who swallowed the liquid by mistake, supposing it to be sweet spirit of nitre. The first symptoms were those of intoxication followed by insensibility, stertorous breathing, slow and feeble pulse, and great contraction of the pupils. She lived for about thirty-six hours, and died asphyxiated, having recovered her senses for several hours before death. The stomach was paler than usual, except in streaks a quarter of an inch in width, from which it was inferred that the organ had been thrown into folds by the irritation of the chloroform, so that only a portion of its surface had been acted on. The mucous membrane was much softened.

**Etherization in Puerperal Convulsions.**—Dr. GRISCOM reports to the Philadelphia College of Physicians a case of puerperal convulsions occurring in a corpulent young woman, pregnant with her second child. She was suffering under general anasarcaous swelling, and experienced vertigo occasionally. While dressing her hair, she fell down in violent apoplectic convulsions. Her pulse was full and rapid, and being unable to bleed her, Dr. G. took sixteen ounces of blood from her head by cups, and the same quantity by leeches. There was no evidence of labor having begun. As the patient still remained unconscious, and the convulsions were recurring with fearful violence, chloroform was used as a rubefacient to the spine and epigastrium, and ether given by inhalation. After its exhibition the convulsions became less and less violent, labor set in, and a living child was born. The mother recovered.—*Medical and Surgical Reporter*.

**Albinos.**—Having seen it stated in the newspapers some time ago that a negress in Alabama had given birth to three children, two of whom were white and the other black, we addressed a note to Dr. John H. Hundley, of Mooresville, the attending physician, requesting a statement of the facts. We have been favored with a reply from Dr. H., who informs us that it has been ascertained by microscopic examination of the hair of these two children, that the two white ones were albinos, their hair presenting the negro peculiarity as strongly as that of the black child. Our informant adds, that both parents are full-blooded negroes—that the mother has had fourteen children, five albinos and nine blacks, and that the albinos are as white as any of the Caucasian race.

The conjectures about double paternity and superfœtation are, therefore, in this case at least, set at rest. The advantages of the microscopic test are also here clearly set forth.—*Southern Med. and Surg. Journal*.

**Mode of Testing the Translucency of Hydrocele.**—As ordinarily employed, by placing a candle on one side of the tumor, and excluding the passage of the light laterally by means of the hand, it is, at best, a clumsy proceeding, and liable to errors. I have found the stethoscope much more useful, as a means of excluding the diffused light, and by applying the eye to its expanded bell-shaped portion—the ear-piece being firmly placed upon the scrotum, held in a tense condition—we can even map out the state of the parts with tolerable accuracy, if the contained fluid be of ordinary character, and detect the condition of the testicle by the opacity it produces, especially when it occupies any unusual locality, as the front or sides of the scrotum, or is adherent from inflammation after previous tapings. We can employ either a lighted candle or bright sunlight, as our best means of obtaining the requisite illumination; but even in diffused daylight I have succeeded very well in the manner I mention.—Dr. W. FRAZER, in *Dublin Hospital Gazette*.

**Spender's Chalk Ointment in Ulcers of the Leg.**—Dr. Patterson has collected 125 cases of chronic non-specific ulcers of the leg, in which, under this mode of treatment, the cure has been rapid and complete. The following formula he prefers: R. Cretæ preparatæ, lbiv.; adipis suilli, lbi.; olei olivæ, oz.iii. Having heated the oil and lard, add gradually the chalk, finely powdered.

The ointment and a bandage being once applied, it is left until the cicatrix forms and becomes firm.—*Edinburgh Medical Journal*.